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## BIB DATA SHEET

CONFIRMATION NO. 5437

<b>SERIAL NUMBER</b> 10/803,512	<b>FILING or 371(c) DATE</b> 03/18/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 480062003800	
<b>APPLICANTS</b> Guy Rome, West Valley, UT; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/01/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /QUYNH-NHU HOANG VU/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance <b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MORRISON & FOERSTER, LLP 555 WEST FIFTH STREET SUITE 3500 LOS ANGELES, CA 90013-1024 UNITED STATES					
<b>TITLE</b> Multifunction adaptor for an open-ended catheter					
<b>FILING FEE RECEIVED</b> 932	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		